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GOVERNOR'S THIRD CONFERENCE ON THE HANDICAPPED

Indianapolis, Indiana—October 10-11, 1963

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**THE GOVERNOR'S THIRD
CONFERENCE ON THE
HANDICAPPED**

Sponsored by

The Commission for the Handicapped
Indiana State Board of Health
Andrew C. Offutt, M.D.
State Health Commissioner

Cooperating Agencies

Indiana State Department of Public Welfare

State Department of Public Instruction

Division of Vocational Rehabilitation
Division of Special Education

Indiana Department of Mental Health

Indiana Employment Security Division

Veterans Administration

PROCEEDINGS OF THE
GOVERNOR'S THIRD CONFERENCE
ON THE HANDICAPPED

October 10-11, 1963

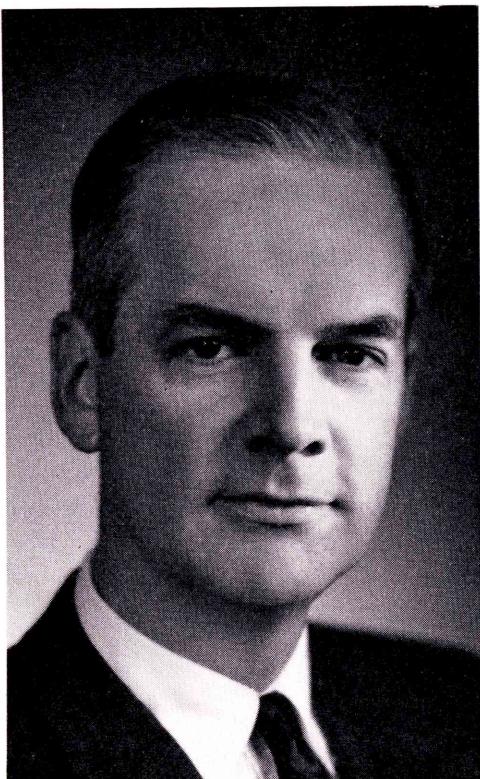
STUDENT UNION BUILDING
INDIANA UNIVERSITY MEDICAL CENTER
Indianapolis, Indiana



Employment of the Handicapped

The Governor's

THIRD CONFERENCE ON THE HANDICAPPED



Matthew E. Welsh, *Governor*
State of Indiana

If a man is to be truly free, he must be permitted to work; to achieve independence; to win dignity that comes with being beholden to no one. This includes the handicapped—not some of the handicapped, but all.

MAJ. GEN. MELVIN J. MAAS, USMCR RET.
Chairman, President's Committee.

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Division for the Handicapped
Indiana State Board of Health
Indianapolis, Indiana

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THE PROGRAM

Thursday—October 10

Morning

9:30 Registration and Coffee Hour—
Mezzanine

10:00 Rehabilitation Open House

The following facilities will be open to persons attending the Governor's Conference:

Indiana University Medical Center
(various clinics)
La Rue Carter Memorial Hospital
Marion County General Hospital,
Rehabilitation Department
Crossroads Rehabilitation Center
Goodwill Industries
Indiana School for the Blind
Indiana School for the Deaf

Afternoon

12:30 First Luncheon—Rm. M-124—Student Union Building

Presiding—Ralph N. Phelps, Vice-Chairman
Commission for the Handicapped

Welcome—A. C. Offutt, M.D.
State Health Commissioner

Address—Aaron Solomon, President
Ace Electronics Associates, Somerville,
Massachusetts. Employer of the Year
for 1963 (President's Committee on
Employment of the Handicapped).

2:30 Special Interest Sessions—Student Union Building

The following organizations have accepted an invitation from the Commission for the Handicapped to prepare special interest sessions. These sessions are open to all interested persons.

1. Indiana Societies for Crippled Children and Adults. Provincial Dining Room.

- a. "Architectural Barriers for the Handicapped" will be the subject of this session. Ways to better implement public education regarding this problem will be discussed.

M. O. Jeglum, Executive Director,
Indiana Society, Chairman.

Thomas A. Stein, Ph.D., Director
Architectural Barriers, The National Society for Crippled Children and Adults.

2. The Governor's Hearing Commission. Roof Lounge.

Basic problems and legislative needs of the hearing handicapped of Indiana will be discussed at this meeting.

Vincent Knauf, Ph.D., Chairman,
Governor's Hearing Commission.

3. Indiana Association for the Deaf. Rm. M-103.

A panel presentation and general discussion on the subject, "Employment Obstacles of the Deaf."

Don G. Pettingill, President of the Indiana Association for the Deaf, Chairman.

4. The National Foundation—March of Dimes. Rm. M-107.

The Program of the Birth Defects Special Treatment Center at the Indiana University Medical Center and an illustrated presentation of "Work with Birth Defective Patients" will be made by Robert F. Heimburger, M.D., Director of Neurosurgery, Indiana University School of Medicine.

Duane Ostrom, State Representative, The National Foundation, Chairman.

5. Indiana Chapter, Multiple Sclerosis Society, Rm. M-105.
A panel will discuss, "The Multiple Sclerosis Patient in Indiana."
 - a. Multiple Sclerosis Clinic at Indiana University.
 - b. Loan of Equipment.
 - c. Counseling Service.

Mrs. Robert F. Schultz, Executive Director, Indiana Chapter, National Multiple Sclerosis Society, Chairman.
6. Indiana Association for Retarded Children. Rm. M-104.
Panel discussion on subject, "Programming for the Post-school Retardate."
Owen C. Wemhoff, Executive Director, Johnny Appleseed School and Training Center, Fort Wayne, Chairman.
7. Indiana Association of Sheltered Workshops. Conference Room.
This will be an organizational meeting. Directors, Presidents of Boards, and other officials of all Sheltered Workshops in Indiana are specifically invited to attend.
Howard G. Lytle, L.H.D., Executive Director, Indianapolis Goodwill Industries, Inc., Chairman.
8. Indiana Society for the Prevention of Blindness. Rm. M-102.
A film presentation and discussion on the subject, "The Causes and Prevention of Blindness."
Marcia Butcher, Executive Director, Indiana Society for Prevention of Blindness, Chairman.

Evening

6:00 The Governor's Banquet—Rm. M-124—Student Union Building
Presiding: Ralph N. Phelps
Invocation: Rev. James Armstrong, D.D., Pastor, Broadway Methodist Church, Indianapolis

Presentation of the Indiana Rehabilitation Association Award

Carl D. Martz, M.D., President
Presentation of the Governor's Rehabilitation Awards

The Honorable Matthew E. Welsh,
Governor of Indiana.

Address—William McCahill, Executive Secretary President's Committee on Employment of the Handicapped, Washington, D. C.

Friday—October 11

Morning

8:00 Late registration—Lobby—State Board of Health Building

8:30 Panel Presentation and General Discussion—Rice Auditorium
Topic: "Development of a Sheltered Workshop Program in Indiana"
Discussion Leader: Vernon K. Hazzard, Director, Goodwill Industries, South Bend
Panel Members:
Arnold Wilkerson, Director, Sertoma Sheltered Workshop for the Handicapped, Tampa, Florida.
Robert Watkins, Field Service Director, Goodwill Industries of America, Washington, D. C.
Gayle S. Eads, Director, Vocational Rehabilitation Division, Indianapolis, Indiana.

10:00 Coffee Break

10:30 Panel Presentation and General Discussion—Rice Auditorium
Topic: "Planning for Employment of the Handicapped at the Local Level."
Discussion Leader:
Louis W. Spolyar, M.D., Director Bureau of Preventive Medicine, Indiana State Board of Health
Panel Members:
Paul G. Pitz, President, Personnel, American States Ins. Co., Indianapolis.

Gordon C. Kennedy, Education Director, The Bendix Corporation, South Bend.

Kenneth I. Chapman, Director of Planning, Indianapolis Community Service Council, Indianapolis.

James O. Larsen, Field Representative, Division for the Handicapped, State Board of Health, Indianapolis.

Afternoon

12:30 Final Luncheon—Rm. 124—Student Union Building

Presiding: Theodore Dombrowski, Secretary, Commission for the Handicapped

Brief (10 minute) reports from the following agencies will be given regarding program changes since the 1962 Governor's Conference.

Vocational Rehabilitation Division
Division of Special Education

The Veterans Administration

Department of Public Welfare

Indiana State Board of Health:

Commission for the Handicapped
Bureau of Special Institutions

Department of Mental Health

Employment Security Division

2:30 Conference Adjournment

MAJOR ADDRESSES

Following is the address of welcome delivered by A. C. Offutt, M.D., State Health Commissioner, Indiana State Board of Health, Indianapolis.

Mr. President, Honored Guests, Ladies and Gentlemen of the Conference:

It gives me sincere personal pleasure to have some small part in beginning this conference on a most important subject.

We are all aware that the recognition of personal problems begins extremely early in our lifetime. The epicenter of the world of the infant is himself. He, therefore, recognizes no problems except those which are entirely subjective. It is only with growth and maturation that we would expect to see this situation begin to change.

In childhood there has been some modification of the infant's recognition of problems, but much development remains. We are all familiar with the fact that the child may recognize that a neighbor his own age does have a problem. This problem may be one which is easily observed, such as an obviously handicapping condition. I ask you to consider with me the fact that, though the problem is recognized, the reaction to the problem may be one of cruelty. So, while growth and development have been occurring, we still have a long road to travel.

To the aboriginal human the problems of his lifetime are still very personal. He may, however, depending upon the degree of development, have accepted the problems of a small group, such as the family, as a part of his problems for solution. It may well be that if he has accepted these problems of those in his immediate constellation, he may have done so simply as they relate to his own personal well-being.

Speaking of this type of reaction, we know that in the basic human society the handicapped were treated in what we understand today to be a very cruel and inhuman manner. It was quite likely, and frequently happened in some societies, that the individual who could not, so to speak, "pull his own weight," could look for no support from the tribe or clan to which he belonged. The fact that he may have once made important contributions to the well-being of the tribe was of no consequence. His group took no responsibility for his welfare or well-being, and he was considered as a drain on their society. As such, he was very likely driven out of the tribe to what may well be a sure and lingering death. Of course, one must recognize that there were some

few cases in which there was a magical aura surrounding the handicapping condition; and the individual might be retained in the tribe for a greater or lesser period, or for as long as his condition did support this magical reasoning.

Fortunately, as civilization grew and prospered, man began to develop a social conscience. With this development, there came an awareness and an understanding of the handicapped. But this awareness did not burst upon us like a skyrocket. It arose as a fragile idea which required the tender care and nurturing of a small group of people who recognized that a handicapping condition was not to be understood as rendering the individual totally unfit for development and enjoyment of a useful life. It was not until rather recently that there began to grow a widespread recognition of the interrelationship between individuals which, when properly guided, could benefit not only the handicapped but the non-handicapped. While we say these things we must remember that it is unfortunate that all mankind has not risen to the support of these noble efforts in behalf of his fellow man. We must say that this meeting beginning today is tangible evidence of the burgeoning interest in this important field of endeavor. It is a public demonstration of the recognition by those who are gathered here and the organizations which they represent of our interrelationship and interdependence.

While it appears on first examination that widespread opportunities for self-help and the development of the handicapped are being provided, we have only begun. A vast challenge awaits our attention. If we sit on our hands and wait for our neighbor to go to work, nothing will happen. About a year ago I spoke to you about "Letting George Do It." In the intervening time nothing has happened to change my mind, and I still feel that while George may be ready and willing, he also is waiting for you to see what you do.

It is a real pleasure to me to bring you greetings from the State Board of Health, and I know that I speak for all of the staff when I say that we are pleased to participate in, and be a part of, this important conference. This Third Governor's Conference is an overt demonstration that we in Indiana are not waiting for our neighbor, or our friend, or our government to act. We have

seen and accepted the challenge. This, I believe, is a significant mark of our civilization and a procedure whose returns will be many-fold.

As we gather here we may take some comfort

Following is the introductory speech given by Ralph N. Phelps, Vice-Chairman, Commission for the Handicapped, Indianapolis.

In this space age it is extremely difficult to keep pace with progress due to the intense rate of acceleration. T.V. programs are preempted, schedules have to be changed, and personnel shifted to fill vacancies. Thus it is with us today. Dr. Baxter, Chairman of the Commission for the Handicapped, has been called to Florida to participate in a medical aero space program. Therefore, as Vice-Chairman of the Commission for the Handicapped (or in space travel terminology "back up man") it is my privilege to preside at this Governor's Third Conference on the Handicapped.

We hope the feeling of the need for team approach which was started two years ago will continue in this challenging program of habilitation and rehabilitation. Many good proposals have come out of the previous conferences and

in the fact that we are moving in the proper direction and that the great country that has traditionally provided opportunity for all truly does this.

as we become better and better acquainted, greater accomplishments will be made to improve the program for the handicapped.

This morning you were guests of many of the facilities providing services for the handicapped in this area. I would like to thank all of these facilities for their courteous contributions to this conference and trust that those who attended one or more of the various open houses and tours profited by your experiences.

The theme of this year's conference is "Employment of the Handicapped." The program which has been arranged will bring out new methods and approaches to this timely problem, I am sure.

It is with great pleasure that on behalf of the Commission for the Handicapped, I welcome you to this conference.

The following is an abstract of the keynote address by Aaron N. Solomon, President Ace Electronics Associates, Inc., and the President's Committee on Employment of the Handicapped selection as "Employer of the Year" for 1962.

It is a pleasure to be able to speak to you today on a subject of great personal interest to me, the employment of the handicapped.

In recent years I have spoken to many fraternal and service organizations trying to prove to other businessmen, by example, that hiring the handicapped is really good business.

I have also had the opportunity to address groups of professionals engaged in rehabilitation and share with them my ideas garnered from working with various public and private agencies on how some phases of the programs might be improved.

Today, if you will bear with me, I am going to try to wear two hats, that of the businessman speaking to businessmen and that of the non-professional, although I must confess I feel somewhat like the patient prescribing for the doctor in this role.

I guess I am basically a salesman, and having such a large and varied audience I cannot resist "showing my whole line" so to speak.

First let me tell you of my company and the germination of my policy to hire the physically impaired. I started my business, Ace Electronics Associates of Somerville, Massachusetts, which manufactures precision electronic components, eleven years ago with one able-bodied engineer and one handicapped worker, a paraplegic. I embarked at that time on a deliberate policy of hiring physically impaired workers with a three-fold motivation.

Number one was my unforgettable experience as a staff officer at Headquarters, First Air Force, Mitchell Field, Long Island, where I organized transportation for the returning wounded of the Battle of the Bulge. The plight of these men and my thoughts about what their future life would be after the medals were framed and the uniforms put in mothballs, left a mark on my memory.

Secondly, when forming my company, although I had no knowledge of vocational rehabilitation, I realized that for sedentary jobs requiring concentration and dexterity, perhaps men and women

who were confined to wheelchairs or who had developed hand dexterity to compensate for other physical limitations would make better than average workers.

Thirdly, and the most important idea which motivated me, is the sincere belief that "*I am my brother's keeper.*"

This belief in the importance and dignity of the individual is the touchstone of this program, indeed it is the foundation of democracy. Permeating our national life are the concepts of the responsibility for, and the contribution to the common good which each individual citizen assumes.

These ideals are the essence of any rehabilitation program. It is our job to translate these public concepts into private action.

For it is all well and good to proclaim "it is good business to hire the handicapped" but unless we as individuals are willing to open the doors of our business establishments to the disabled our program will fail.

Now that I have shared with you my thoughts on the broad implications on rehabilitation, let me return to my role as a small businessman primarily interested in practical applications. Let me show you some of the general and specific advantages that have accrued to me through my employment policies.

For example, here are some figures on accident rates, absenteeism, and job turnover. Unimpaired American workers in manufacturing average 12.5 disabling injuries per million man-hours worked. Ace Electronics has a flawless industrial record, no claims *filed*, no reportable injuries. Even during the hard New England winters, department after department reports zero absenteeism. Even with zero temperatures our labor turnover rate is less than 1/5th that of the national average. I can honestly say that the growth and success of my company has been due in large measure to my loyal and productive work force.

The figures also disprove some of the common excuses given for exclusion of the disabled worker—for a man on crutches is not careless getting around. He has found out the hard way and knows enough to watch for obstructions and avoid accidents. A man with a heart condition knows he cannot lift above a set weight. These people are more careful of themselves than the so-called able-bodied worker. They know by bitter experience their physical limitations.

Our people do not call up to say they are sick

because they might have a slight sniffle or there is too much snow on the ground. I remember a famous snowstorm in Boston, we had a 19-inch fall and I was stuck in my car for the night. I called the factory at 9:00 a.m., Saturday, the next day and found 31 of 32 overtime workers had reached the plant. One boy hiked 4 miles on crutches because of no public transportation.

These people are thankful for their jobs. To them having a job means more than money—it means self-respect, recognition by their families and friends, and a chance to participate in a group. Work has these connotations for all of us but particularly to the disabled to whom a job above all means acceptance back into society from which they may have been isolated. Their attitude toward the job proves this and as any employer knows, attitude toward the job is sometimes more important than skill.

I have a large nucleus of workers who have been with me since the start of my business. Thirteen in wheel chairs and using crutches act as foremen doing an excellent job.

It is completely untrue to say that hiring the physically impaired automatically causes your insurance company to raise its industrial accident insurance premiums. The associations of both stock and mutual insurance companies were on record as far back as 1955 stating that the only criterion for fixing premiums within an industry is the experience rating based on the number of accidents causing claims which have to be paid for by the insurance company. Insurance premiums are based on rate of accidents, *not* on types of people employed.

It may be of interest to you to know that we have an accident and health policy on which there is no rating for our employees and we are enjoying annual return premiums based on the analysis of their loss ratio which had been reduced to a small number of claims. Those claims are the best type, "maternity." We enjoy an unrated life insurance policy which the company pays for and gives each of the employees with the New England Mutual Life Insurance Company of Boston, an old line company.

My company, personally owned and operated without any government tax assistance, has grown from the original two employees of whom I spoke to approximately 275 employees. Seventy-five per cent of these people are physically or mentally impaired. We number among our employees 14 cardiacs, 10 paraplegics, 8 amputees, epileptics,

arthritics, mentally disturbed, and sufferers from a variety of congenital and acquired rare medical conditions.

We now not only employ the physically impaired in sedentary assembly jobs but also engage the disabled in such positions as lathe operators, automatic screw machine operators, drill and punch press operators, mechanical inspectors, secretarial and clerical work. A secretary in a wheelchair who is only 36 inches tall handles all correspondence for 19 sales offices throughout the country. Bear in mind that a secretary need not be a dancer. A good machinist can have one good leg. A typist can be sightless. *It is ability not disability that counts, for disability disappears when the right worker finds the right job.*

Proper evaluation and selective placement are the keys, as I have stressed so often, to those active in the field, to success.

Placement in my mind has not had the correct emphasis and I would like to suggest for your thought and consideration that we are in business and realize the customer is a most valuable asset. We must now look to the American employer as our most important customer. For in truth, all of our work is in vain unless it culminates in the proper placement in the working roles of the impaired client. For from productive work spring most of the psychological and material benefits so important to every individual, handicapped or not. Without overstraining my analogy I state that our product is the impaired men and women. Our ultimate customers, the businessman. *A sale is made with every placement, and only then, not just with goodwill, does our program become meaningful.*

I recommend that we go back to the rehabilitation clinics, public and private, supporting vocational rehabilitation workshops, and other groups, and start to bring into this program the small businessman. The President's Committee has done an exceptional job in bringing in such large manufacturing firms as Hughes Aircraft, Raytheon, General Electric, and many others. But I must point out that our actual "customers" making up 97% of the business firms of the country employ less than 50 people. The small businessman controls job opportunities in manufacturing, retailing service companies, and farming for full and part time employment.

Yes, it has been a good idea to use the names of the presidents of these large corporations and they in turn have given us more than lip service.

The organizations they represent have taken in a number of physically impaired people and added them to their work roles. But there is a saturation point with companies as large as these and only if we can reach the other 97% of employers can we hope to make any strides toward bringing the annual figures of impaired placement into better balance.

My recommendation is that we analyze the various bodies of advisors and board members now active in our work and add to these the small successful businessman. He is well disposed towards assisting in this program. We have tremendous amounts of free advertising in radio, television, magazines, newspapers, and this job has been done well and adequately by the President's Committee, the state committees, as well as local organizations, but we *must* now concentrate on moving towards our goal. The small businessman does not have an easy road in these days. Competition is keen, and his success, indeed his survival, is dependent on his drive and if I may borrow a term, his "motivation." In many cases this drive can be readily converted to spark worthwhile community causes. We need him in this cause. We must enlist his aid as a participating member in our work. Perhaps then we will not only have him as our customer, but also as our enthusiastic salesman singing the praises of the handicapped worker to others in the community.

There are many others, like myself, lying dormant throughout the country and if we re-orient our program in all phases to include them we will begin to be equal to our task. We must change our whole philosophy of the placement of impaired people. We no longer are dealing with a personnel department staffed with psychologists, physicians, and college-trained placement counselors. For the small businessman does not, in most cases, have such a staff at his disposal. Therefore, in dealing with the small firm, our placement agencies must fulfill these counselling functions which entail considerably more work, such as a more complete evaluation of the job opportunity, and a better analysis of the person they are attempting to place. They must know fully the available jobs in their area and accept the responsibility of the placement suggested to small industry.

A greater concentration must be made on working with the job applicant so that he is ready mentally as well as physically to accept employ-

ment because, remember, the small businessman is a busy little beaver, normally handling multiple facets of his own operation. He cannot afford a poor worker and only by good initial placements can we gain his confidence. This will enable us where we place one, to place a second, third, and then after these proper placements, we can bring him into the fold and ask him to go out and sell the idea to others in small business.

May I suggest the prospective employee find out the end product manufactured and be knowledgeable of the plant in which he seeks employment. He should move in with his best foot forward.

We are most fortunate that the Director of Vocational Rehabilitation in Washington has and is continuing to allocate vast sums of money in research projects to many of our workshops and placement agencies throughout the country. But basically, we give too much importance to psychological programs as against down-to-earth plans for more job training resulting in placements in industry at a working wage commensurate with the requirements of job opportunities.

I do not mean to imply that the statistics and findings of these research projects are not important but they should not be viewed as an end in themselves, but rather as tools to be utilized in revamping our on going programs.

One facet of rehabilitation which is just of late receiving needed attention is the placement of the retarded and mentally disabled.

Although my initial interest lay in the physically impaired, through my contact with public and private agencies, I have become increasingly absorbed by the problem of placement of the mentally disabled. I feel I would be remiss if I did not share with you my feelings about this subject.

I am no doctor and I do not intend to speak as an authority on mental illness, however, it is common knowledge that one adult in ten will spend some time in a private or public mental hospital.

Another large group of mentally handicapped are the retarded. Three out of every hundred children are born with some degree of retardation.

Society has made great strides in the treatment of our mentally handicapped. We have discarded the chains and shackles of our "snake pits" for more humane and constructive treatment of our mentally ill.

We have brought our retarded out of the back-

rooms, acknowledged their presence among us and given them special care and training. Now we must take the most important step. We must restore those of our mentally disabled, who are ready, to their places working beside us.

The enlightened few must lead the way in a crusade of public education toward social acceptance of these people who are able, willing, in fact eager to become self-supporting. They are straining at the hands of public apathy, ignorance, and prejudice which keep them from gainful employment.

Retardation and mental illness are two separate and distinct problems as you well know, and so I should like to speak of them individually.

Within the last year I have initiated a policy of hiring the retarded of sufficient mental capacity to enable them to perform simple repetitive jobs. Unfortunately, there are many so severely retarded that they must remain in state schools, but there is a large number estimated at 40% to 50% among the retarded who have received special training and schooling to a great extent at public expense who are able to become *self-sustaining instead of remaining a public burden*.

I stress this point because I feel strongly that although altruism and idealism are vital ingredients in our program, another important factor is enlightened self interest. For society and that means all of us share in the benefits of our achievements in this effort.

At present we employ 10 workers who have been officially classified by the state school system as retarded. My initial retarded employee worked through the coffee break for the first morning but it wasn't long before his fellow employees brought him up-to-date on the well-known American custom, the coffee break. In addition, when another cashed his check at the local bank and looked at the money in his hands, he said to the foreman who accompanied him, "This job beats dishwashing."

One man who had been considered by the authorities to be incapable of leaving the state school where he had always been, is now doing fine assembly work and has learned eight different operations. His foreman told me recently he would like more like him, even in preference to normal workers. Another young man who suffers from retardation and epilepsy resulting from a birth injury is working well at a sorting operation in our machine shop and has shown some skill at secondary lathe operations.

You can see from these examples that there is indeed hope for some of our retarded who had been previously classed as "unemployable."

I do not mean to sound like Pollyanna, for I fully realize that there are no pat solutions and the road ahead is long and difficult. I have but taken the first step along that road but my beginnings have been most encouraging and I urge you to join me in this uphill fight.

We have found that dealing with the mentally ill presents added difficulty because we are not dealing with a fixed, measurable, unchangeable factor. We know what the man with certain physical disability can do or cannot do, and we know how much we can expect generally speaking from a man with an I.Q. of 50 to 75. For their capabilities and limitations are fairly well fixed at the time of placement.

Dealing with the mentally ill is a more nebulous situation in which capability and capacity to work can vary easily from day to day. We now have 2 employees both of long duration in private hospitals doing exceptionally well as draftsmen trainees under a foreman confined in a wheelchair.

I feel that the businessman who seeks to employ people who are mentally ill or have a history of mental illness needs more cooperation from agencies and hospitals in their evaluation of job applicants. Another area in which the referring agency could be particularly helpful both with the retarded and the mentally ill is in follow-up on the job. For periodic sympathetic support of these people on a new job might ease their problem or adjustment and spell the difference between failure and success. You and I know that there are many companies whose hiring policy precludes even the interviewing of people in this class, and I am sure that a concerted effort by organizations such as yours, may open the doors favorably towards the interview and possible placement, which in my humble opinion can be extremely beneficial to the applicant and tremen-

dous gain to your company in obtaining men and women of great skills.

The many difficulties of this problem, I can assure you, will not deter me from further effort and should spur all of us on to find solutions to one of society's most pressing problems.

In the final analysis those of us engaged in advancing this phase of rehabilitation and all its other aspects must step back and take a fresh look at our agencies, their functions, and policies, so that our programs can become more effective and realistic agents for the public good which they serve. *Above all we must revitalize the links of the professional with the public which ultimately forms the base of support for our rehabilitation program.*

Increased public awareness of and appreciation for the total process of rehabilitation and of its various aspects will enable this sleeping giant to come to our support and spur us on.

In the words of Emerson, "It is hard to go beyond your public. If they are satisfied with cheap performance, you will not easily arrive at better. If they know what is good and require it, you will aspire and burn until you achieve it."

Now that I have spoken to you as employers, as workers in rehabilitation, and as citizens, let me close by speaking to each of you as individuals.

For it is my belief that men can accomplish many tasks best collectively but in the end, it is what each one does through individual effort that has real meaning. No matter how small the part you play to further this program it is vital. This is well expressed in a verse by Edward Everett Hale:

*"I am only one
But still I am one
I cannot do everything
But still I can do something
And because I cannot do everything
I will not refuse to do the something that I
can do."*

The following is the text of the banquet address by Mr. William P. McCahill, Executive Secretary, The President's Committee on Employment of the Handicapped.

The Key To The Future

Sixteen years ago this September 1963, a Committee was born. Each September we look back to see how far the President's Committee has come in its happy partnership with Governors'

Committees and more than 1500 community committees. We all agree that we have come a long way together in a happy marriage between government and all other interested volunteer groups.

Two years ago on September 24, 1961, the editors of *This Week Magazine* featured a composite photo of several famous statues under the provocative heading:

"Search all your parks in all your cities . . .
You'll find no statues to committees."

The explanation of the verse was that it was written by a distinguished American businessman, who, like most of us, has served on countless committees. His point, he explains, is that "good committees are the ones that bring together dedicated individuals, each of whom makes his contribution, and no one leaves it to the other fellow." Thus, no group statue.

That may very well be true. But, I think it is high time that someone did erect a statue to a committee, if only to tell future civilizations how Americans solved most of their community problems in the 20th Century. I'll admit that I am prejudiced, but I think that a good example of a committee to serve as a sculptor's model is the committee on employment of the handicapped in your community; in your State.

I have said it before and I'll say it again that perhaps the 20th Century may be remembered more for its wheelchair basketball, amputee baseball, one-legged halfbacks or blind wrestling champs than for all the fancy inventions which are beginning to clutter up space, important as they are.

But, enough of this looking back. We are no dodo birds. The American Eagle is on the President's Committee Seal, an eagle sitting alertly on the symbolic gears of industry and business. So, it is much more important that we look ahead, peer into the future and scan the horizons. At the same time, we must handle the work of today. We can dream dreams, but we have to handle the headaches and heartaches, the joys and disappointments of today's every waking moment. In that frame of mind, we face the years ahead in our mutual endeavors to provide increased equality of opportunity for the handicapped.

If I could use a crystal ball to look a bit into the future, while taking a glance backward at the past 15 years, I believe that we could update the Old Testament.

You will remember that it was Isiah who said that in Heaven the eyes of the blind would be opened, the ears of the deaf unstopped, the tongue of the dumb loosened and that the lame man would leap like the hart. Well, the handi-

capped today are getting many of these things this side of the grave, thanks to the modern miracle of rehabilitation. The blind "see" with their fingers or through their talking books. The deaf "hear" through captioned films. The speechless have found new ways to communicate. They "talk" rapidly with their fingers. And, if any of you have ever seen wheelchair basketball or the athletic competition in the paralympics, you wouldn't believe what your eyes were telling you. The remaining senses have been sharpened to replace those which are missing and, most important of all, the working severely disabled are in hundreds of thousands of instances just as frustrated at income tax time as the rest of us so-called able-bodied.

We have, most of us, discarded many preconceived notions about living with disability. In spite of the fact that ours is still a cult too infatuated with the body beautiful, we have long ago learned the sobering fact that often as not, the turtle wins the race over the hare, if—and here's the important ingredient for the past 15 years and for the next 50—if, the turtle uses his spirit! You and I have all seen physical specimens who were moral weaklings, paragons of muscular perfection minus the conscience that makes for humility and self understanding.

But, the spirit must be motivated, either from within or without. I believe the spirit of the handicapped is best motivated when handicapped persons draw strength from the knowledge that groups such as yours are interested in their future. They can reach deep into their own well springs of courage and achieve what we sometimes consider to be almost the impossible.

Today we have eye banks, bone banks, skin tissue banks and plastic spare parts for human bodies. We have the skilled surgeons who know how to transplant and to achieve almost a resurrection. We have happy pills and pep pills to speed us up and pills to slow us down. Dentists with portable drills are going to the bedsides. Spastics, the paralyzed, the deformed, the retarded and the mentally restored are more and more going into normal work situations and being accepted.

A special Cabinet-level group is looking into the problems of the handicapped under future automation expansion. Another such group is charting new courses for the government to follow in its hiring of mentally restored workers and still another is busy for the first time in seeing

what needs to be done for the handicapped in an agricultural environment.

The Office of Vocational Rehabilitation is wisely investing millions in research and demonstration programs in hundreds of special projects and is learning much from counterpart funds carefully expended in international research projects overseas. If the truth be known, we have been much too busy looking forward to indulge ourselves in many backward glances.

All over our Federal Government today, bulletin boards are featuring a red, white and blue poster titled "MAKE EQUAL OPPORTUNITY WORK . . . WHERE YOU WORK." The first line on this flyer over the signature of the President of the United States reads as follows: "In all government activities we need to make full use of employee skills and abilities without discrimination as to race, creed, sex, or individual handicap."

Elsewhere, architects and builders are cooperating in a Nation-wide attack on discriminatory barriers to public and private buildings, replacing steps with ramps, adding hand rails and electric-eye doors, widening rest room doors, lowering drinking fountains and planning elevator panels with the buttons sideways so a wheelchair is no bar to self-service elevators. A contest is underway to see if someone can invent a stair-climbing wheelchair. The Interstate Commerce Commission may be forced by Congressional action to modify its archaic rule against amputees driving in interstate commerce, in spite of testimony to the safe driving habits of thousands of amputee truck or car owners. The CAB and the Air Transport Association are working on a common-sense rule for air transport of persons in wheelchairs. The National Association of Manufacturers has made an "Employer of the Year" award available to us for the first time this year, just as the American Medical Association has provided a "Physician's Award" the past ten years.

Thousands of discarded and used artificial limbs have been dusted off and shipped overseas where their parts are cannibalized to make arms or legs for persons otherwise doomed to uselessness.

One such shipment arranged for by the People to People Committee for the Handicapped, was deck loaded aboard the HOPE Ship for use in Indonesia last year and another shipment donated by the Army and Navy was carried to Peru by

the HOPE Ship. Dr. Bill Walsh of HOPE told me one day that he saw a person walking on a limb that seemed a trifle ill-fitting. He remarked to the person that he appeared to be limping. The reply was a classic. The man said quietly: "Doctor, if you've crawled all your life, you don't mind limping a bit."

These are some of the things of the present which cast their shadow upon the future in a globe already shrunken to a fifteen minute polar alert. In today's atomic civilization it has been said that man can live 30 days without food, seven days without water, five minutes without air, but not one instant without hope. I'm not talking now about Bill Walsh's great white angel of HOPE, but about the hope that you and you and you and thousands like you have instilled in the hearts of the handicapped these past fifteen years, a hope that has borne rich dividends in adding the dignity of labor to lives blasted by accident, disease or birth injury.

It was Edmund Burke who once said "all that is necessary for the forces of evil to win in the world is for enough good men to do nothing." We do not propose to let that happen here in this home of the free and the land of the brave. Instead, we proudly join Father James Keller of the Christophers who propounds the old Chinese proverb: "It is better to light one candle than to curse the darkness." This, we intend to continue to do until the cumulative light of the individual candles of courageous handicapped workers shines so brightly that there will never be any serious question of the ability of the qualified, trained and properly placed handicapped worker to take his place as full participant in the American scene.

The National Sales Executive Club recently released statistics showing that 80% of all sales were made after the fifth call; that 48% of the salesmen call once and give up; that 25% call twice and quit, but that 10% kept on calling and make 80% of the sales. In Washington the past few years, the five and ten percenters have not been too popular, but we must all be among the "ten percenters" who keep making those calls, day in and day out until we achieve our desired results.

The success of the past shall serve as the key to the future as we work toward the day when the handicapped the world over shall be limited only by their own talents, a day when all jobs the world over will be open to the handicapped.

I'd like to end with this high positive note,

however, I can't forget the epileptic who wrote the President volunteering to go to the moon because he couldn't get a job; or the mother of a retarded adult girl who has exhausted herself trying to find useful employment for her daughter.

It is necessary and desirable to point with pride to the very substantial progress, but we must never lose the human equation—the individual identity—when we talk of programs affecting people. There is much that both employers and fellow employees can do in this field. Many times,

the success or failure of an otherwise qualified handicapped person will depend upon his acceptance as a personality by his co-workers. And, of course, he must first be employed.

We have all heard the slogans of the President's Committee these past 15 years, but recently we heard a new slogan. Its abbreviation is ETHICS and I think we should remind the Nation that the letters stand for *Employing The Handicapped Is Common Sense*. We hope you agree.

PANEL DISCUSSIONS

Planning for the Employment of the Handicapped at the Local Level

Reported by Margaret Warner, M.P.H.

Following the recommendation of a previous Governor's Conference, the Commission for the Handicapped has initiated a plan to establish local committees for the Handicapped. The plan recommends that local committees establish affiliation with the State Commission for better communication in planning and programming. Where no local committees exist, the plan suggests formation of a committee to be known as the Mayor's Committee. In those communities where committees are in existence, the Commission enlists support for unity of effort.

Recommendation for membership on Mayor's Committee includes representation from the health department, public welfare, employment security, vocational rehabilitation, public schools, community services of united fund, medical societies, labor, management, other interested groups and persons. Organizational contacts have been made in twenty-four communities. Two cities have established committees; one as a standing committee with the City Coordinating Council and the other as a Mayor's Committee.

Coordinating groups such as the Marion County Advisory Committee for Rehabilitation do much to gather multiple interests and efforts into a single sounding board for planning, evaluating and implementing programs. Organized in 1958 this group meets monthly. Job placement of the handicapped has been one of its most difficult problems.

Getting jobs for the handicapped takes imagination, initiative, courage, perseverance, conviction that jobs are available, tireless leg work. And it calls for extreme honesty. Honesty in perception, effort, dealings. "This kind of realism is not easy," said panel members. "Attitudes, misunderstandings, and false premises get in the way. *We must talk with the man upstairs. We must dig for common ground. When we find it, then we can communicate. Then we'll locate jobs and place people in them.*"

"We criticize those who don't agree with us, but instead of criticizing we should look for problems which confront the business man, the employer. There are opportunities in problems. We have specialized abilities to sell. We have special abilities which fit special circumstances as well as ordinary circumstances. *We must sell the business man our product. What have we to fear?*"

"We must not only recommend employment practices based on the premise 'ability, not disability,' but believe it, live it, sell it. In selling this concept there is no substitute for the face-to-face method. There is a terrific job to be done to draw more industries, agencies and the many groups concerned with job placement of the handicapped, into the kind of relationship which will produce results. It is being done. Many examples have been described at this conference. Thirty percent of the employees at the home office of the Bendix Corporation at South Bend have handicapping conditions of all kinds; everything possible is done to keep employees on the payroll, on the tax list."

The consensus of the speakers seemed to be: "We'll acknowledge 'attitudes' as a challenge to change thought patterns and habits. We'll face such word barriers as 'Company Policy,' 'Insurance Rates and Second Injury,' etc., as word barriers. We have a good product to sell. We shall enthusiastically accomplish what we set out to do, and take the community along with us."

Panel Presentation: Friday, October 11, 1963, 10:30 A.M.

Discussion Leader: Louis W. Spolyar, M.D., Director, Bureau of Preventive Medicine, Indiana State Board of Health, Indianapolis, Indiana.

Panel Members: Paul G. Pitz, Vice-President, Personnel, American States Ins. Co., Indianapolis. Gordon C. Kennedy, Education Director, The Bendix Corporation, South Bend. Kenneth I. Chapman, Director of Planning, Indianapolis

Community Service Council,
Indianapolis.

James O. Larsen, Field Representative, Division for the Handicapped, Indiana State Board of Health, Indianapolis.

Development of Sheltered Workshop Program in Indiana

Reported by Margaret Warner, M.P.H.

If "Sheltered Workshops" are to serve *primarily as training centers for aiding handicapped youth and adults find productive independence, attention might well be given to title.* "Sheltered Workshops" has a different connotation than "Training Centers." The concept of the Sheltered Workshop as a place of refuge, as a place of terminal employment, is static. The goal today is out-placement; to develop individual independence commensurate with personality, handicapping conditions, and environment. This does not mean a training center "closes the file" when out-placement has been effected for a trainee. The "file" remains open. *Orientation stays outward-directed* regardless of whether a trainee enters the center a first or fifth time.

"Sheltered Workshops" are complex institutions. Their products are both "goods" and "people." They are usually fifty percent or more self-supporting; they are usually managed by a Board of Directors; they usually deal with more than one kind of work enterprise; their workers and/or trainees usually have multiple, diverse handicapping conditions; they deal with evaluative services; with restorative services; with work adjustment services; with vocational training and with job placement.

Realism is the key which opens many doors for trainees in "Sheltered Workshops." *This shop is no make-believe situation.* The trainee is a doer among doers. Real goods are produced and marketed. Real profit and loss are at stake. Real time clocks are observed. Real standards of workmanship are pursued for a real purpose in

the whole of society. Everything in the atmosphere is real: sounds, sights and smells.

The trainee is a doer among doers *but with a difference.* A whole battery of services stand ready to evaluate, measure, guide, encourage, direct, assist him. His fellow doers have handicaps. They, too, are being evaluated, measured, assisted to do new things and to develop new ways of doing familiar activities. Trainees expect to get someplace from where they are with what they have. Their work world is real and they are real in it; their handicaps are part of the realism.

Financing "Sheltered Workshops" is a problem. As a facility it has two functions: 1) Habilitation, rehabilitation, restoration of individuals; 2) production and marketing of goods. It is a business, a training center, and a facility for the application of many therapies in obtaining independence for certain persons. In cost analysis the two phases of operation should be kept distinct. The business phase is one thing; investment in human potential another. The average annual cost of training a person in the MacDonald Training Foundation, Tampa, Florida is \$800 as compared with \$2,000 for residence in a state institution. Boards of Directors of "Sheltered Workshops" need have representation from the business field. It is a business in its *total* operation and may not stay in the black, but as a community investment in productive "goods" and "people" should be properly assayed.

Increasing acceptance of the extent and permanency of mental retardation in our population picture is focusing attention to the "Sheltered Workshop" as a reliable *vehicle* for bringing independent and semi-dependent living to thousands of handicapped youth and adults. There are relatively few cases of "pure" mental retardation. Many mentally retarded persons have one or more handicapping conditions. Indiana now has about 145,000 mentally retarded persons. Conservative estimates indicate about two percent of our population falls, and will continue to fall, in this range.

Public financed vocational training for the mentally retarded and other handicapped persons

has been long neglected. Public schools have an increasing number of services and classrooms for the young handicapped pupil, but little has been done for the sixteen-year-old and over. "Sheltered Workshops," "Training Centers" may be one of the vehicles used. If these facilities are to come into the picture, they must be intelligently planned and carefully executed. The costs may be staggering for individual communities. Regional planning and regionally located facilities may be imperative.

The vehicle of the "Sheltered Workshop" in the habilitation and rehabilitation of older youth and adults serves to carry them from *handicapped-imposed dependence to varying degrees of independence* following development of new life habits and work skills. In the long run, acquisition of new life habits may be of greater signifi-

cance than the learning of selective, vocational skills.

Panel Presentation: Friday, October 11, 1963, 8:30 A.M.

Discussion Leader: Theodore Dombrowski, Executive Secretary, Lake County Society for Crippled Children & Adults, Gary, Indiana.

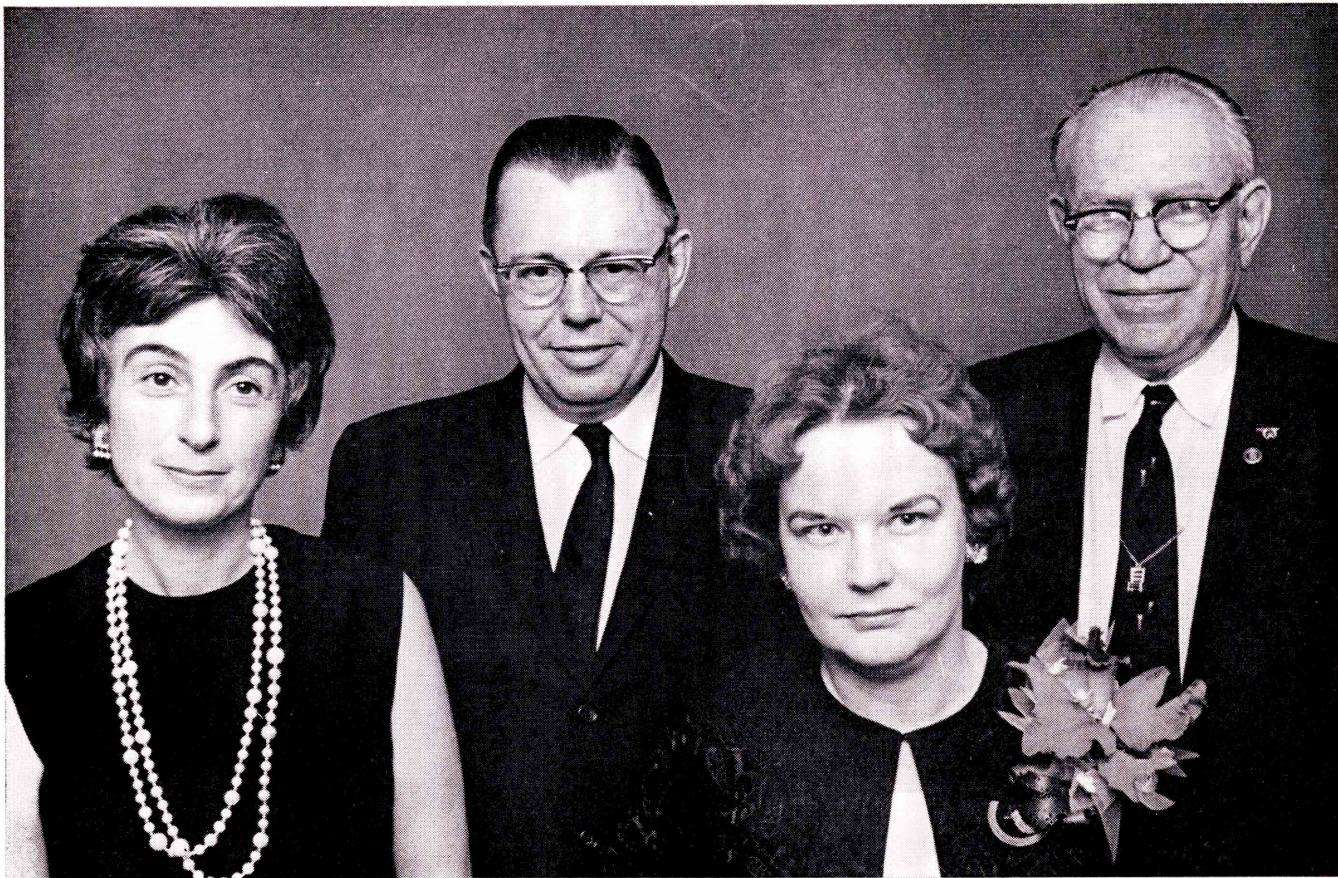
Panel Members:

Arnold Wilkerson, Director, Sertoma Sheltered Workshop for the Handicapped, Tampa, Florida.

Robert Watkins, Field Service Director, Goodwill Industries of America, Washington, D. C.

Gayle S. Eads, Director, Vocational Rehabilitation Division, Indianapolis, Indiana.

AWARDS



GOVERNOR'S AWARDS went to these four Hoosiers for their work in the total rehabilitation effort at the Governor's Conference on the Handicapped. From the left are: Mrs. Frances E. Shine, Fort Wayne, president of the board of the Allen County League for the Blind—the distinguished service award; Carl D. Martz, M.D., Indian-

apolis orthopedic surgeon and president of the Indiana Rehabilitation Association—the physician's award; Miss Joan Beghtel, Urbana (Ind.) special education teacher—the Governor's trophy; and Roy Fenn, vice-president and general manager of the Tell City Chair Company—the employer's merit award.

Awards Presentation

The Governor's Rehabilitation Awards Program was designed to honor deserving persons and organizations in Indiana's effort to increase employment opportunities for the Handicapped. In Indiana this program was structured to correlate with the awards program of the President's Committee of the Handicapped. Persons nominated for a Governor's award will also be considered for nomination for the appropriate national award of the President's Committee.

A nomination for an award can be made to the Commission for the Handicapped by any Indiana Agency or individual working with the handicapped; however, I wish to point out that the Commission feels that it is not mandatory that all awards must be presented each year. The presenting of an award is determined by the

nominations received and the appropriateness in relation to the established criteria for each award.

I wish to extend thanks to the awards committee and the Commission for the Handicapped for their sincere effort in recommending one of the nominated candidates for each award that is to be presented tonight.

Employer's Merit Award

It is my pleasure to present the first award, the Employer's Merit Award. The Employer's Merit Award is given to an employer, a business agency, or an establishment that has an exceptional record for employing the handicapped. The purpose of this award is to recognize publicly

those employers who, through their personnel department, utilize the handicapped throughout their total labor force.

This year's recipient was nominated by Mr. Gayle S. Eads, Director, Vocational Rehabilitation Division, Indiana Department of Public Instruction. The company to which the award is given employs between 500 and 600 persons and 10 per cent or more are handicapped. These handicapped employees receive the same opportunities as any one in the plant on advancements and wage rates. Various adjustments have been made in plant facilities and working conditions in order that these handicapped persons may have equal opportunities. Among the successful employees of this plant are individuals who are deaf, amputees, poliomyelitis victims, individuals with very limited visions, and various other disability categories.

The man who will receive this award tonight has been known to me for several years. It seems to me that it is altogether fitting and proper that the award be presented to him. I am aware that he has made many contributions and done many fine things in this field and has steadfastly requested that he remain anonymous.

It is my pleasure to present the Employer's Merit Award to Mr. Roy N. Fenn, General Manager and Vice-President of the Tell City Chair Company.

Distinguished Service Award

The next presentation is the distinguished service award. This award may be given to any Indiana organization, agency, or individual making an outstanding contribution in advancing the employment of handicapped Hoosiers.

The distinguished service award is given as public recognition of meritorious service in promoting better public understanding of the employment capabilities of the handicapped. It is hoped that through this recognition others will become interested, public understanding enhanced, barriers removed, and opportunities expanded for suitable employment of the handicapped.

The recipient of this year's award was nominated by the Indiana Agency for the Blind for her outstanding service rendered to the blind and partially sighted. During the past six years she has organized and trained a volunteer group to transcribe needed text book material into Braille.

Many members of this group have been trained to the point of certification as Braille transcribers by the Library of Congress. A more recent venture has been to produce voice recorded texts as well as large print books. The fact that this service is made available to any student in the state from third grade to the undergraduate college level has necessitated the recruitment, direction, and training of a large number of people in all walks of life.

One quite significant facet of this project has been the development of a cooperative program with the authorities at the Indiana State Prison for enlistment and training of qualified inmates to do both Braille transcribing and voice recording.

It is my pleasure to present the Distinguished Service Award to Mrs. Frances Shine.

The Physician's Award

The Physician's Award may be given to an Indiana Physician in public recognition for exceptional contribution toward facilitating suitable employment of the handicapped.

The purpose of the award is to acknowledge the accomplishment of one physician through bestowal of this honor and to inspire others to take similar active roles in their professional capacities as physicians. The nominee may be an industrial or other physician who has played an important role toward the successful rehabilitation of the handicapped or in facilitating their suitable employment.

The recipient of this year's award was nominated by Miss Anita Slominski, of the Indiana University Medical Center. The nomination was based on this physician's outstanding contribution to the total rehabilitation effort for disabled children and adults for the past twenty years.

The recipient is an Indianapolis orthopedic surgeon who, besides his general practice, is the medical director of the cerebral palsy clinic of the Indiana University School of Medicine, and president of the Indiana Rehabilitation Association. From 1945 to 1950 he was consultant to the state-wide crippled children's services of the Department of Public Welfare. In 1950 to 1955 he served as medical consultant for the Indiana Division of Vocational Rehabilitation. From its inception he has served on the rehabilitation steering committee of the Community Service Council

of Metropolitan Indianapolis. Since 1955 he has served as orthopedic consultant to the Muscatatuck State School for the Retarded. During all this time he has been quite active in all of the Riley Hospital Services.

The recipient has not only aided in the medical restoration to help patients overcome handicaps, but he has personally worked with many employees regarding interviews for job placement of the handicapped.

It is with a great deal of pleasure that I present the Physician's Award for 1963 to Doctor Carl D. Martz.

The Governor's Trophy

The Governor's Trophy may be awarded each year as a special honor to a handicapped Hoosier who has surmounted his or her own handicap to become a useful citizen and who has helped to encourage and inspire or facilitate the employment of other handicapped persons.

This year's trophy is being awarded to Miss Joan Beghtel of Urbana, Indiana.

The recipient for this year's award was nominated by the Wabash County Cheer Club, Inc.

The nominee has had a neurological disease which seriously impaired her ability to participate in many of the normal physical activities attendant to our everyday life. She has had recent surgery in an attempt to improve her ambulatory ability, and her convalescence is progressing nicely.

I think it might be said that her attitude and entire outlook toward her problems have been quite remarkable. In spite of a serious physical handicap she is an enthusiastic teacher, performing her duties with such ability and patience that she has earned the love, admiration, and respect of her students and their parents. In addition to her teaching duties in special education, she is very active in community affairs, having held offices in civic organizations and teaching a bible school each summer. She has a recognized ability to do sewing, knitting, various craft work, and holds a valid driver's license in Indiana.

Her enthusiasm and ambition are apparently boundless. While she has had a career that would satisfy most of us and numbers among her accomplishments a master's degree, she plans to continue her education in order that she may become better qualified for her present work.

It is my pleasure to present the Governor's Trophy to Miss Joan Beghtel, or, as she is known locally, "Miss Jo" of Urbana, Indiana.

AGENCY REPORTS

Division of Vocational Rehabilitation

Gayle S. Eads

The biggest single thing to happen to Vocational Rehabilitation was the improvement in state appropriations by the legislature. In the past biennium the appropriation was \$725,500. For the current biennium it is \$1,035,000.00, an increase of 42.66%.

This appropriation will be matched with federal funds at the present formula of approximately 60% federal for 40% state, and reduced to simple language means that we will have slightly more than three years operating funds in a two year period.

Our thanks for this improvement go to many people who were interested. Our own Executive Officer, Superintendent Wm. E. Wilson, who is wise in matters of appropriations, was very helpful. We were well received in the House Ways and Means Committee in a hearing which was arranged by H. J. Noel of the AFL-CIO Community Services. Timely contact with the Senate Finance Committee by the Indiana Rehabilitation Association could well have been very important. Many of the voluntary groups interested in rehabilitation were also helpful, as were individual members of both houses of the legislature, unnamed here, but none the less appreciated.

Indiana is divided into five areas for administrative purposes. Some changes in territorial assignments and supervisory responsibility were made July 1 this year in order to equalize work loads and make better use of supervision.

In the previous biennium the population served by each counselor averaged 233,000. In this present year it averages 208,000. This is still more than twice the national average. It is our plan to further reduce this load by an orderly addition of necessary staff.

During the year these program accomplishments are noted:

1. In cooperation with the State Division of Personnel a survey of all positions was completed with the plan to revise and correct job classifications and salary ranges.
2. A special counselor for the deaf was added to the staff and this area has shown good progress.
3. Extension and Improvement matching funds in the amount of \$28,678.00 were granted the Indiana School for the Deaf to help equip a rehabilitation facility. Agreements

were formalized with the Indiana Department of Public Welfare and with the Employment Security Division for closer co-operation with these agencies. A series of four area meetings were held in the state attended by Vocational Rehabilitation counselor and Employment Security Division personnel pointing to additional referrals of qualified disabled people to job opportunities.

4. Through a special Vocational Rehabilitation training grant, area and state wide meetings were held for all personnel for training purposes. In addition all new counselors received a two week orientation course prior to job assignment.
5. Emphasis has been placed upon placement of clients through in-service training and through participation of some supervisors and counselors in the Regional Placement Conference directed by the Vocational Rehabilitation Administration at Kent State University at Kent, Ohio.
6. Advantage has been taken of all traineeships offered through Vocational Rehabilitation Administration in Prosthetics and Orthotics at Northwestern University.
7. In cooperation with the National Institutes of Health and Labor Rehabilitation Services, which agency supplied the funds, the first Labor-Rehabilitation Conference of that particular program to be held in the United States was held in Indianapolis. Labor representatives of the AFL-CIO and the United Mine Workers, The Indiana Agency for the Blind, Vocational Rehabilitation and other public and private agencies participated. This will be followed by a meeting this fall to plan a series of twelve area meetings in the state with similar groups.
8. Close contact has been maintained with the Employment Security Division and the Vocational Education Division in their Man-power Training and Area Redevelopment Programs. Although our success has been limited in getting referrals accepted for training, some have been accepted and progress has been made in this area.
9. The Special Education Division has been helpful in identifying disabled children who are potential clients and in giving us the benefit of their knowledge and experience in these areas.

In closing, we would emphasize that every effort has been made to give fair and equal consideration to all disability groups as they come to our attention. State staff and local counselors have appeared on various programs whenever invited and it is our intention to have each counselor as well informed as possible as to what is going on in rehabilitation. There is work for all of us.

Division of Special Education

Tony C. Milazzo, Ed.D.

The swing from "isolating" or "hiding" the handicapped, particularly the mentally handicapped, to trying to meet their needs in the community and out in the open, really began at the turn of the century and in the early 1900's. It is really no new concept at all. In Indiana, for example, schools have been permitted to establish programs for physically handicapped since 1927. The problem, however, is that we have been in the "talking stage" rather than the "acting stage" for several decades.

The last ten years and especially the past five years have brought about the first real indication that perhaps lay people as well as professional people are really beginning to believe what they have been giving "lip service" to for the past fifty years.

We are all aware of many of the national indications relative to the emphasis on serving the mentally and physically handicapped in the community rather than building bigger and better institutions, and I won't take my few minutes here to review them for you. Further, there are many indications of community emphasis right here in Indiana. You have already heard of some during this Conference so far, and you will hear others from these reports given here today.

Growth in Special Education Programs

The growth in public school special education programs in Indiana is a major indicator of this trend toward community programs for the mentally and physically handicapped. I would like to have us look at this growth for just a minute.

The increase in numbers of children served over a one year period from school year 1961-62 to 1962-63 was 4,000. The increase in numbers of mentally and physically handicapped children served in the public schools in a five-year period from 1958-59 is 10,000. This past school year the public schools enrolled approximately 35,000 children in special education.

For this school year, 1963-64, it is expected

that the public schools will employ 460 special teachers of the mentally retarded, 250 speech and hearing therapists, 52 special teachers of the physically handicapped, 15 special teachers of the blind or partially seeing, 17 special teachers of the deaf or severely hard-of-hearing, 50 school psychologists, and 11 trained directors of special education. In addition, there will be seven experimental projects for the emotionally disturbed and others.

The Needs

There are a number of reasons why Indiana is meeting the needs of so few handicapped children. The major ones include: (1) shortage of trained special teachers and therapists, (2) shortages of college training programs, (3) shortage of facilities, (4) inequitable method of state reimbursement, (5) shortage of funds for state reimbursement, (6) shortage of local directors and supervisors of special education, (7) shortage of state consultative services.

Each of these problems merit considerable discussion. However, in view of the time limit for this presentation I will only briefly discuss perhaps the most critical problems at the moment—shortage of specially trained personnel and shortage of state funds.

Probably the most serious problem we face is the shortage of qualified personnel—teachers, therapists, school psychologists, local special education supervisors, directors, etc. For example, for the past five years 60 to 80 new special education programs for the mentally retarded have been added to the public schools per year. The colleges and universities in the state have been turning out approximately 20 specially trained special educators per year for the same period who are available to Indiana. These people just don't stretch that far.

We are just now beginning to feel the impact of the second major problem—shortage of state funds for reimbursement to local schools. State funds available to reimburse local schools operating special education programs have been set aside in a dedicated fund and until last year this source was sufficient to meet claims from the local schools. However, the program is progressing so rapidly that this dedicated fund is insufficient to meet claims. As a result of the fact that no action was taken by the 1963 Legislature, the State will be approximately one million dollars short to reimburse local schools for the current biennium. Due to the general financial picture some special education programs have "folded" and some have

ceased putting plans into operation. Hopefully, most school systems will be able to "weather the storm" with the anticipation that perhaps this is just a temporary situation pending action of the 1965 General Assembly.

New Developments Since Last Governor's Conference

Many new developments and activities have occurred as a result of the rapidly developing and expanding special education program. Again, with time limitations, only a few *major* developments will be reported.

Pilot Project for the Recruitment of Special Education Personnel

Probably the most critical reason for the fact that the State of Indiana is meeting the needs of only approximately 25% of its mentally and physically handicapped children is the shortage of available qualified special education teachers and therapists. Neither the colleges and universities or any agencies or organizations have been actively engaged in a recruitment program to alleviate this situation. The Division of Special Education conducted a pilot recruitment conference in the Spring of 1962. One hundred high school juniors and seniors along with approximately 50 guidance counselors and FTA sponsors were invited to a conference which included: (1) orientation and introduction to special education, (2) discussion of the various opportunities for careers in this field and (3) a full day of tours of such special education programs in the Indianapolis area as special classes for the mentally retarded, classes for the gifted, classes for the hearing handicapped, classes for the visually handicapped and speech and hearing therapy. This project was financially supported by the Indianapolis Chapter of the Council for Exceptional Children and United Cerebral Palsy of Indiana. The response to the Conference was beyond expectations and early tabulation of an evaluation of the effects of the Conference indicated that many of the high school students were definitely influenced by the project and plan to seek careers in special education. Plans are being developed for a continuation of this type of program and a continuing follow-up of this years' participants. A bulletin explaining the method of operating these conferences is in process to assist other organizations in this type of activity.

Study of State Aid for Special Education

Pursuant to Chapter 250, Acts of 1961, the Division of Special Education and a special Advisory Committee conducted a study of state aid

to local school corporations for the operation of special education programs. The results of this study were reported to the 1963 Indiana General Assembly with recommendations for legislation. It was recommended as an outcome of the Study that if Indiana was to meet the needs of its mentally and physically handicapped, the following legislative and/or budgetary provisions were necessary: (1) change the formula for special education reimbursement from an excess cost basis to one based on a percentage of certain total costs (present formula is too expensive to administer, does not encourage programs, difficult to plan at the local level), (2) include gifted children in the definition of children for whom special education programs may be established for reimbursement, (3) change the source of funds for state reimbursement to local schools (program has grown to the extent that existing dedicated fund is insufficient to meet claims from local schools), and (4) increase the consultative and supervisory staff of the Division of Special Education. None of the recommendations were followed by the 1963 Indiana General Assembly.

Study of the Effects of Early Placement of Educable Mentally Retarded in Special Classes

A study was conducted by the Division of Special Education which evaluated the effects of placing educable mentally retarded children in special classes as early as six years of age. This study was stimulated by the desire to evaluate a change in minimum age requirements set forth by the State Board of Education in 1958. The results of this study are presently being written up in a bulletin and should be of immeasurable assistance to the local schools in their planning of programs.

Experimental Projects for the Emotionally Disturbed

Seven experimental projects for the emotionally disturbed are presently in process. The objective evaluation of one completed project indicates the efficacy of school programs for these children. These results have led to the planning of programs for the emotionally disturbed by a number of school systems. Community programs such as these are by far the cheapest way to help these children.

Coordinating Services

In the fall of 1962 the Division of Special Education brought together both the personnel in the State School for the Blind and personnel from public school programs for the visually handicapped. This is the first time such an attempt

at coordination has been made. Leaders in the field from many parts of the country provided the stimulation for the two-day in-service cooperative conference.

Circulating Library for the Blind

The Division of Special Education has formerly operated a circulating library for the blind in the State Library. This library has been relocated in and with the assistance of the Indiana School for the Blind. A full-time librarian is assigned and much improved services have resulted.

Five-Year Study of Teachers of Trainable Mentally Retarded Children

The State Board of Education has tentatively approved a five-year study of teachers of the trainable mentally retarded. The details of the project are still under study. However, in general, the project will include a special training program for prospective teachers prior to their initial experience with TMR children. In addition, certain alterations in the current permit and certification requirements will be made for the tenure of this study.

Veterans Administration Regional Office

Noble C. Lehner

The Veterans Administration is composed of a number of departments. I believe I should clarify the fact that I am actually speaking for the Vocational Rehabilitation and Education Division of the Department of Veterans Benefits. There are other branches of our agency which serve the handicapped, such as the Department of Medicine and Surgery with its vast hospitalization and outpatient care facilities, the Loan Guaranty program with its specially adapted housing, and the Adjudication Division, authorizing compensation and pension benefits, automobiles with special equipment, etc.

Last year I reported our three-state consolidation. Today I am pleased to say that this merging of the vocational rehabilitation program in Indiana, Illinois, and Wisconsin with administration centered in Chicago is functioning smoothly and with considerable flexibility in the utilization of our professional counseling and training staff.

In the routine of our day to day work it often seems as if there are no new developments which would be of reportable interest. We are all engaged, in one way or another, in assisting other people with their adjustments to living. This process, in the agency which I represent, has been in progress for many years. I am sure most of

you are familiar with the vocational rehabilitation programs for disabled veterans, instituted during World War II and continued for those veterans sustaining disabilities as a result of their military service during the Korean Conflict.

These programs are still in existence, with only a relative handful of World War II veterans and a somewhat more significant number of Korean Conflict veterans still eligible under various extensions of basic termination dates. These dates, in general, provide for a period of nine years from the individual's release from military duty, during which vocational rehabilitation services can be afforded by the Veterans Administration.

With the passage of Public Law 87-815, almost one year ago to the day, we now have responsibility for an entirely new group of ex-servicemen. This is the so-called, "Peace-time Disability Law," offering benefits to the more severely disabled and to those with pronounced employment handicaps resulting from lesser rated disabilities. These individuals must have served between World War II and the Korean Conflict period, or at any time after the Korean Conflict period and until a date yet to be determined. Their vocational rehabilitation benefits are identical to those available to veterans of war-time service.

The increased workload resulting from this new group of eligible candidates has caused us to expand our contract counseling services. Since March of this year we have been referring most of the children of deceased servicemen to resources such as Indiana University here in Indianapolis and to Notre Dame for residents of the northern part of the state.

In order to assist in meeting the need for trained counseling psychologists we are cooperating with Purdue University in offering supervised vocational counseling experience to advanced graduate students. We expect this program, initiated in January, to continue indefinitely.

We are involved in the trend toward recognition of many neuropsychiatric disabilities as social mal-adjustment and the increasing use of work adjustment and day care centers under sheltered conditions. Although there are some excellent facilities available to us, we need more in strategically placed geographic areas.

In the last spring, the Veterans Administration produced a book that may assist in eradicating the prejudice that unfortunately prevents many skilled mentally restored persons from finding employment. It is called, "They Return to Work," a study of the employment experiences of veterans

with psychiatric disabilities. Of the 2,049 veterans studied, 1,421 were found to be employed, and this book is their story.

Proud as we are of the Veterans Administration's record of progress in rehabilitation and the employment of the handicapped, we must share our accomplishment with each and every agency and organization represented here today. I should like to express the grateful appreciation of my colleagues and myself for the cooperation which we have received in the fulfillment of our mission.

State Department of Public Welfare

Frank M. Hall, M.D.

The rehabilitation concept of services in the arena of social welfare is bringing about changes in public welfare programs across the nation.

It must be emphasized to this group of participants attending the Third Conference on the Handicapped that Indiana's social welfare policies are changing, that the public is changing them, and that administrative methods or procedures are being fitted into a new operational format in order to receive federal grant-in-aid funds.

There are three service divisions of the Indiana State Department of Public Welfare—Services for Crippled Children, Child Welfare Services, and Public Assistance. I shall briefly discuss the changes that have occurred during 1963 in which you are interested.

Services for Crippled Children

The Division of Services for Crippled Children provides services to children with certain handicapping conditions whose families are unable to pay for such services in whole or in part.

In the early days of the crippled children's program, we started with the "surgical" approach of care because it was the "surgical" conditions that were more amenable to treatment than the "medical" conditions such as cystic fibrosis, nephrosis, phenylketonuria and others, for which only recently has medical science produced definitive methods of care. Recent advances in medicine also make possible the maintenance of a child with chronic diseases formerly fatal. The costs of such care are high for some conditions and the tendency is to include these conditions under Crippled Children's Services, although the child needs continuing care indefinitely. The net effect has been a change in our crippled children's philosophy from the earlier approach described above.

Crippled Children's Services is a physical re-

habilitative service agency. A great deal of effort is expended in counseling and directing families to proper sources of care, in assuring that they receive treatment and in providing a total service for the child—not only hospital and physicians' services, but also all necessary medical care.

Crippled Children's Services are provided through five hospital treatment facilities in the state. A treatment plan is set up for each child. This service element is the concern of a great variety of professional personnel in the program, such as physicians, nurses, social workers, and others who are actively engaged in some phase of physical restoration.

The most striking changes of the Crippled Children's 1963-65 Biennial Plan are:

(1) The definition of a crippled child has been broadened so that the program may now give attention to mental health as a social problem.

(2) The scope of the congenital heart program has been enlarged to include all cardiovascular conditions amenable to surgery.

(3) A special service feature has been added to the State Plan permitting the program to provide any necessary service which is not readily available at the community level.

Child Welfare Services

The Child Welfare Program deals with many problems and equally important needs of children who are handicapped because of deprivation, neglect, abuse, illegitimacy or lack of wholesome family life. The child who is neglected and deprived of a wholesome, happy childhood may develop a warped personality and this may be far more handicapping than a physical disability.

To strengthen and rehabilitate unwholesome family life, Child Welfare Services have been increased in these areas:

- (1) Casework services.
- (2) Psychiatric diagnostic services.
- (3) Homemaker services.

Public Assistance

The Public Assistance caseload contains many persons whose need for public assistance is the result of serious illness or disability, advanced age and family breakdown. The provision of financial assistance alone will not restore these individuals to a satisfying and productive life. Services must be strengthened and integrated into the Public Assistance programs in order for individuals to be helped effectively toward the goals of self-care and self-support, if the family breakdown is to be treated or prevented.

The Public Welfare Amendments of 1962 made significant changes in the provisions of the Social Security Act. These amendments give added emphasis to social welfare rehabilitative services in addition to providing financial assistance under all Public Assistance titles with the objectives to maintain and strengthen family life and to rehabilitate the individual for self-support and/or self-care. The Indiana plan for socially handicapped services in Assistance to Dependent Children, Old Age Assistance, Blind Assistance, and Assistance to the Disabled is being revised to implement the new service provisions and to meet the requirement for 75% federal financial participation in the administrative costs of providing services, effective July 1, 1963.

The goals in each of the four Public Assistance programs are:

(1) Assistance to Dependent Children—To furnish rehabilitation and other services to needy dependent children and the parents or relatives with whom they are living to help maintain and strengthen family life and help such parents or relatives to attain or retain capability for maximum self-support and personal independence, consistent with the maintenance of continuing parental care and protection.

(2) Old Age Assistance (Including Old Age Assistance-Medical Only)—To furnish rehabilitation and other services to help such individual use his full capacities for self-care.

(3) Blind Assistance and Eye Treatment—To furnish rehabilitation and other services to help such individual attain or retain capability for self-support and/or self-care.

(4) Assistance to the Disabled—To furnish rehabilitation and other services to help such individual attain or retain capability for self-support and/or self-care.

Indiana Commission for the Handicapped

Ralph N. Phelps

The Commission for the Handicapped plays a dual role in the State of Indiana. As well as a facility charged with the responsibility of providing direction and leadership in the development of comprehensive rehabilitation programs for the handicapped by the state, it also, at the request of the Governor, assumed the responsibilities of the State Committee on Employment of the Handicapped, an affiliate of the President's Committee.

Greater effort has been put forth during the

past year to increase our participation in "Employ The Handicapped Week." Possibly one of the most outstanding activities to commemorate this week is the holding of the Annual Governor's Conference on the Handicapped in which we have been participating during these two days. The 15th Annual Ability Counts Contest was a success and the 16th contest is already under way with increased effort and wider contacts to secure greater participation. The continuation of the Governor's Awards Program in conjunction with the National Program has been a stimulating effort toward furthering the cause for employment of the handicapped.

The Grant County Rehabilitation Study, which is being carried on by the State Board of Health and the Grant County United Fund, for the purpose of determining the number of handicapped persons in that county and the rehabilitation needs, has not progressed as rapidly as had been anticipated. However, the final report of phase one of the study is being published and is now in the hands of the printers. Phase two is underway and it is expected to be completed during the next year.

Out of the recommendations made at previous Governor's conferences an attempt has been made to develop community and/or mayors committees on the handicapped, the purpose of which is to better co-ordinate the activities on a community level and to maintain closer affiliation with the State Commission for the Handicapped and through this commission with the President's Committee on the Employment of the Handicapped. The general format of these committees and the areas of activity which they might pursue was presented during the panel session on community organization. This program is being enthusiastically accepted by the various communities contacted so far and it is hoped that by next year a number of these committees will be carrying on a program to increase employment opportunities for the handicapped.

During the latter part of August, Mr. Henley, the executive secretary of our commission, began a year of educational leave to work on his Ph.D. at Colorado State College. We all wish him success in this venture and await his anticipated return.

The Commission for the Handicapped has just completed its first four-year term. Three members, later appointed, Dr. Porter, Dr. Truumaa, and Mr. Hoge, have two more years to serve of their original terms. Of the original thirteen

members of the Commission, all have been reappointed except two. Dr. Arthur L. Drew replaces Dr. Ross for the School of Medicine and Mr. Harlan J. Noel replaces Mr. Biery representing organized labor.

In conclusion may I say that the Commission has made progress in achieving some of its goals during the past year and is pledged to continue to pursue the needs of the handicapped with interest and devotion.

**Bureau of Special Institutions
Indiana State Board of Health**
William D. Murchie

I shall assume that all of you have a copy of the 1962 proceedings of the Governor's Conference for the Handicapped and that you have had an opportunity to read the report on Page 18 which outlines the duties of the Bureau of Special Institutions, of which I am the Director.

I will state only briefly that this Bureau has the responsibility for the management and control of six state institutions and one agency and that of immediate concern to this Conference are the programs of the School for the Deaf, the School for the Blind, and the Indiana Agency for the Blind, which are the only Institutions of this group which deal principally with handicapped programs.

This past year encompassed the work of the last General Assembly and the major effort of the Bureau was concentrated in creating an awareness among the members of the General Assembly of the needs of the handicapped program of the Bureau. These efforts bore fruit and appropriations were received to increase operating staffs approximately 33½% in both schools, and building programs were authorized providing approximately one million dollars to the School for the Blind and approximately two million dollars to the School for the Deaf to expand the food service, dormitory, and after school hour activities needed so desperately in both institutions. An additional Legislative act was approved to tie the teachers' salary schedules to make them equal to that now paid by the Indianapolis School System.

We have recently completed two items in the building program at the School for the Blind, one kindergarten-primary dormitory-classroom building designed to concentrate on the orientation of the very young blind child to living habits, eating habits, and beginning school habits. The second item is the completion of a swimming pool at the

School for the Blind from donated funds, part of which was taken from a large trust fund, the remainder provided by the Lilly Foundation.

At the School for the Deaf, a new vocational building was recently completed which will offer extended vocational training opportunities to the high-school-age deaf child. It is also anticipated in the not too distant future that this School will embark upon a program of vocational training for the adult deaf during the summer months.

The agency of most concern to the Bureau at the present time, is the Indiana Agency for the Blind and its sheltered workshop program. A six-year program was presented to the last General Assembly. This program is designed to substantially increase the activities of the vocational rehabilitation section of the Agency. It is planned to establish satellite offices in LaPorte, Fort Wayne, and Washington, to increase the counselling force considerably, and to endeavor to increase the number of rehabilitants from the neighborhood of 30 to 40 per year to 150 to 180 per year. Some funds were provided for initial steps. However, with the salary freeze and the limitation on appropriations caused by the tax situation, this expansion program is stalled. Over the past year, the American Foundation for the Blind, the Indianapolis Community Services Council, and the Indianapolis Goodwill Industries, have been consulted concerning the feasibility of the Goodwill Industries absorbing the sheltered workshop now located at 536 West 30th Street. Dr. Howard Lytle of Goodwill has advised that his organization now has this matter under careful consideration and concrete negotiations may begin shortly after the conclusion of this conference.

The State Highway advises that by the summer of 1964, construction will begin on Interstate 65 in the near northside of Indianapolis. This construction will create an untenable situation in and about the location of the Agency. Transportation will be rerouted and many of the blind workers will find it most difficult to get to and from the Agency for their daily work. The Agency's building will not be demolished; however, the Agency will be otherwise practically forced to move.

As a final item of interest to the group, there has now been created at the Indiana School for the Blind a central circulating library of textbooks to be provided public schools for both Braille and sight-saving materials. The School is working in conjunction with the Department of Public

Instruction, Special Education Division, under the supervision of Dr. Tony Milazzo and this program is just now getting off the ground. The School for the Blind should be able to provide a valuable service to those public schools which have a few individuals from time to time who require textbooks in the Braille and sight-saving area.

Indiana Department of Mental Health

S. T. Ginsberg, M.D.

The Department of Mental Health is the agency of State government which bears the responsibility for the entire state mental health program. The General Assembly makes appropriations to provide the many professional services required to give care, treatment, and rehabilitation to the mentally ill and the mentally retarded. In addition to operating the eleven mental health institutions and to assisting and supervising twenty-one community psychiatric clinics, the Department is directly involved in educating and training mental health workers and in conducting research as to the causes of mental illness and methods of improved treatment.

The events of this year have begun a new era in the field of mental health. This year for the first time, the President of the United States sent a special message to Congress on mental illness and retardation, in which he asked for increased government involvement in these problems and for increased financial support.

This year, 1963, has also been marked by the recognition of mental illness as the nation's major health problem by the American Medical Association and the Indiana State Medical Association. Organized medicine has assumed new leadership and responsibility toward solving this pressing problem. Health and welfare organizations are integrating their efforts with professionals in the mental health area.

And the general citizenry is becoming increasingly aware of the value of psychiatric services in restoring useful lives, and is literally demanding that more be made available. This, in part, has come about through the work of organizations such as the National Association for Mental Health and the National Association for Retarded Children, who, with their state organizations, have contributed greatly to the cause of the mentally ill and retarded patients.

A new era in mental health is beginning, because the efforts of these three groups—government, professional workers in the mental health field, and citizens' organizations representing the

public—are coordinating their efforts to a greater degree than ever before.

Today, in Indiana, about 35,000 patients are treated each year in the State hospitals and the community psychiatric clinics. The number of admissions and discharges increases each year, and the effectiveness of modern treatment is indicated by the fact that 80% of new admissions are discharged within one year. Concurrently with an increase in the total number of patients admitted during the year, two significant things have occurred: (1) The number of patients under the age of 16 is increasing; (2) The number of patients over age 65 is decreasing. This shift in age groups of our hospital population has brought with it new challenges to the skills of the professional staffs.

In addition to more effective treatment, the quality of food and clothing for the patients in Indiana institutions is improving. The number of employees in our eleven institutions, although about half of what it should be, has increased to 6,768, and our per diem expenditure is now \$5.64 for each patient.

As our hospital care programs have been improved and accelerated, many patients are able to return to their home communities. The family care program now includes 417 patients, and 246 elderly patients no longer mentally ill have been able to leave the hospitals with the help of the Old Age Assistance Program.

The Department of Mental Health's program for after-care of patients has been continued and augmented, and the Department continues to stimulate community resources to provide local care. Renewed emphasis has been given to such community services as: psychiatric treatment in general hospitals; community psychiatric clinics; day-hospitals; night-hospitals; half-way houses; improved nursing homes; sheltered workshops for mental patients; special education classes and community centers for the mentally retarded; education and training of mental health workers; varied research projects.

These achievements in 1963, important as they are, will be exceeded, it is hoped, by work yet to be done by the Governor's Mental Health Planning Commission. This Commission, with the help of a new Division of Planning and Evaluation in the Department and a professional advisory board, will review Indiana's present mental health services, will survey the needs of the mentally ill and mentally retarded in Indiana, and will develop a realistic solution to our problems.

The work of this Commission will be coordinated with the work of those governmental and private agencies planning general health and welfare services.

Although great problems remain to be solved, much progress is being made constantly. Psychiatry has long believed that treatment should begin in a patient's own community and that a wide range of services should be available to him. If hospitalization is required, it should be provided, in so far as possible, without a break in the continuity of this local treatment, in order to increase the chances of a patient's return to his community a rehabilitated, productive citizen.

Even though the hard core problem of treatment for seriously mentally ill patients will remain to challenge the ingenuity and skills of our state mental hospitals, we need to develop more and better local resources. Hopefully, this new era will see state hospitals being used as but one phase in a continuous treatment process leading from home to hospital to home again, instead of the present day concept that it is the sole source of treatment and the end of the road. There will be greater emphasis on early recognition, early treatment, and concentrated and coordinated efforts toward rehabilitation.

Employment Security Division

Charles F. Gross

Following some 12 to 14 years of successive retrenchments the Congress appropriated additional funds in Fiscal years 1962 and 1963 for the purpose of expanding and improving the public employment service nationally and in the various states. As a result, the number of positions assigned to the Indiana State Employment Service increased approximately 25 percent. Nationally this was supposed to reestablish the number of employment service personnel at about the 1948 level.

While not all of the problems incident to this expansion have been solved to our complete satisfaction, all but a few of the available positions are now filled; most of the basic training has been given; and the benefits of the expansion are beginning to show up in our work-load-accomplished statistics. For example, for the most recent month—September 1963—the ISES made 12,464 placements—filled that many jobs in nonagricultural industries—making it our best month for placements in exactly 10 years or since September 1953. And for the nine months to date this year our placement total of 79 thousand plus is 48

percent ahead of the corresponding period in 1961.

What has all this to do with providing service to the handicapped? Simply this, we have always maintained that we could not provide adequate service to the handicapped—or any other special applicant group—until we had a strong, vital employment service. We are confident that we shall show more than 100,000 job placements this year or almost twice as many as we made five years ago. We are in a position now to anticipate continued improvement to the point where our local offices will be exerting a highly effective influence in their respective labor markets. *As this happens*, I believe we shall be able to further improve our services to the special applicant groups.

The record for the year ending June 30 shows significant improvement in this area when compared with the preceding fiscal year. Statistics are maintained regularly for the number of handicapped coming to us seeking assistance in finding employment, the number receiving employment counseling service (reserved for those individuals who have special problems in vocational choice or adjustment), and the number of job placements effected. Comparing these two 12-month periods we find that the number of handicapped persons coming to us for service increased 7.3 percent to 10,318 in fiscal year 1963. The number of job placements was up 10.5 percent to 4,507 in fiscal year 1963. (The rate of increase for the handicapped was slightly better than the 10.2 percent increase shown overall.) The number of handicapped persons receiving employment counseling service, however, decreased 12.7 from fiscal 1962 to a total of 2,697 in fiscal year 1963.

Although raw statistical data will seldom tell the whole story, I think the following comparisons do indicate that perhaps we do provide a little better service to our handicapped applicants. Taking the figures quoted above and similar figures for all persons coming to us for assistance in finding employment, we arrive at the following ratios:

For each 100 of all applicants we made 37.33 job placements.

For each 100 handicapped applicants we made 43.68 job placements.

Slightly less than 9 percent of all applicants received employment counseling service.

Slightly more than 26 percent of the handicapped applicants received employment counseling service.

SPECIAL SESSIONS

Rehabilitation Open House

The following facilities held Open House for persons attending the Governor's Third Conference on the Handicapped:

Indiana University Medical Center
Audiology and Speech Clinic
Children's Dental Clinic
Physical Therapy Clinic
Occupational Therapy Clinic
Cerebral Palsy Clinic
La Rue Carter Memorial Hospital
Marion County General Hospital, Rehabilitation Department
Crossroads Rehabilitation Center
Goodwill Industries
Indiana School for the Blind
Indiana School for the Deaf

Various types of programs were presented. Besides a general tour of each facility, visitors were shown slides, movies, and given time for brief question and answer periods. This was a new addition to the general format of the conference this year and proved to be a very successful and noteworthy activity. One hundred ninety-eight people participated in the tours and many expressed a desire to have this type of activity included in the next Governor's Conference.

The facilities that held the open house programs were well pleased with the enthusiastic participation of the conferees and expressed a willingness to conduct similar programs for a future Governor's Conference.

Special Interest Sessions

Eight voluntary health agencies of Indiana and the Governor's Hearing Commission conducted special interest sessions open to all interested persons. These programs were held on the afternoon of the first day of the conference and were well attended.

A survey of the various agencies indicated that the sessions were attended by over 200 people who were enthusiastic and interested in the programs presented. All participants felt that this phase of the conference was a worthwhile activity and expressed a desire to have it included in future Governor's Conferences.

The following organizations presented programs in their area of special interest:

Indiana Societies for Crippled Children and Adults
The Governor's Hearing Commission
Indiana Association for the Deaf
The National Foundation—March of Dimes
Indiana Chapter, Multiple Sclerosis Society
Indiana Association of Sheltered Workshops
Indiana Society for the Prevention of Blindness
Indiana Epilepsy Society

CONFERENCE STATISTICS

Conference Statistics

Total number of persons registered for conference	288
Meals served: Luncheon, October 10	159
Banquet, October 10	190
Luncheon, October 11	116
Attendance was not recorded at the two panel sessions; however, it is estimated that about 200 persons were present at each session.	
The conference registration cards requested that each registrant indicate the organization he was representing and his major personal interest. Following is a compilation of these responses. In no case should the totals given be construed as the total representation of these agencies or of the various fields of interest listed.	
COLLEGES AND UNIVERSITIES	
Ball State	2
Butler University	1
Indiana University Medical Center.....	6
Purdue University	1
State College	2
FEDERAL AGENCIES	
Veterans Administration	4
Civil Service Commission	1
HOSPITALS	
Mental	5
Medical	7
RESIDENTIAL SCHOOLS	
Fort Wayne State School	3
Indiana School for the Deaf.....	14
Indiana School for the Blind.....	1
Muscatatuck	4
PRIVATE FACILITIES	
Goodwill Industries	25
Rehabilitation Centers	10
St. Mary's Child Center.....	1
Smith Memorial Industries for the Blind....	1
Wabash County Cheer Club, Inc.....	5
PROFESSIONAL ASSOCIATIONS	
Indiana Optometric Association	1
Indiana Public Health Nursing Association	4
Indiana Osteopathic Association	1
Indiana Rehabilitation Association	1
STATE AGENCIES	
Indiana Agency for the Blind.....	13
Department of Correction	1
Department of Public Welfare.....	5
Department of Mental Health.....	2
Division of Employment Security.....	15

Division of Vocational Rehabilitation.....	26
State Board of Health.....	10
VOLUNTARY ORGANIZATIONS	
Allen County League for the Blind.....	5
Associations for Crippled Children.....	3
Associations for the Deaf.....	5
Associations for Retarded Children.....	21
Community Service Councils	1
Indiana Epilepsy Foundation	2
Indianapolis Speech and Hearing Center....	2
Myasthenia Gravis Foundation	1
Multiple Sclerosis Society.....	2
National Foundation—March of Dimes....	3
President's Committee on Employment of the Handicapped	4
Society for Prevention of Blindness.....	4
Association for Mental Health.....	30

OTHERS

James Whitcomb Riley Memorial Associa- tion	1
Organized Labor	2
Prostheses Manufacturing Company	3
Public School Systems	19
Miscellaneous	8

Major Interests of Persons Attending The Conference

Blindness	22
Deafness	18
Counseling:	
Rehabilitation	15
Employment	6
Employment Security	10
Epilepsy	2
General Rehabilitation	52
Medicine	2
Mental Health	35
Mental Retardation	26
Multiple Sclerosis	2
Myasthenia Gravis	1
Nursing	7
Optometry	1
Public Health	3
Public Welfare	5
Social Work	3
Special Education	12
Social Rehabilitation	1
Speech and Hearing	7
Teaching	14
Occupational Therapy	4
Physical Therapy	3
Vocational Rehabilitation	25
Not indicated	12

ATTENDANCE LIST

ATTENDANCE LIST

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Mrs. Robert Bennett 275 Shady Lane Wabash	Mrs. Ruth Braselton 112 East Emerson Street Princeton	Dr. V. R. Charlson 620 East 10th Place Gary
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